



OMB No.1205-0339
Expires: 08/31/04

This information is being requested as a result of a petition for NAFTA Transitional Adjustment Assistance (TAA) filed on behalf of a group of workers at your firm. This information is considered confidential and will be used by the Governor and the U.S. Department of Labor in making a determination of whether the criteria for NAFTA-TAA have been met in this case. Workers who are determined eligible will receive a broad spectrum of federally funded assistance.

Customer Name and Address of Company Division or subdivision for Subject (affected) Workers:

Official Company Name	
Division	
Federal Employer ID No. (FEID)	
Street Address	
City, State, Zip	
Contact Person	Signature:
Telephone	Fax:

Identify staffing agencies supplying leased or temporary workers to the company/division to produce the articles.

1. INFORMATION RELATED TO NAFTA-TAA PROGRAM (Check correct Boxes)

- Have there been, or will there be layoffs at your company?
- Have there been recent declines in either sales or production?
- Has the subject division or subdivision shut down or is a shutdown scheduled?
Date of shutdown: _____
- Are workers separately identifiable by product line?
- Has your company increased its imports?
If yes, check the box describing where the imports originated:
Mexico ☐ Canada ☐ Other Country ☐
- Has your company shifted production to Mexico or Canada? Or is a shift in production scheduled?
If yes, is the shift to Mexico. ☐ Canada ☐
Date of shift or scheduled shift: _____
- Does your company plan to import from Mexico or Canada?
If yes, when: _____
- Have your company's customers increased imports?

YES	NO

Processing Instructions
Confidential Request Form
NAFTA Transitional Adjustment Assistance

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to reply to these reporting requirements are Mandatory (PL 103-182). Public reporting burden for this collection is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Trade Adjustment Assistance, Room C-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0339).

Background - The North American Free Trade Agreement established a Transitional Adjustment Assistance Program to provide assistance for workers in firms impacted by imports from Canada or Mexico or by shifts in production to those countries. The transitional program provides affected workers with both rapid and early intervention and the opportunity to engage in long-term training while receiving income support.

Responsibility for investigating whether a specific worker layoff is NAFTA-related is shared by the Governor of the State in which the firm operates and the U.S. Department of Labor.

This information is being requested from you as a result of a petition for NAFTA Transitional Adjustment Assistance (TAA) filed on behalf of a group of workers. This information is considered confidential and will be used only by the Governor and the U.S. Department of Labor in making a determination whether the criteria of NAFTA- TAA have been met. Your assistance in expediting the NAFTA-TAA Confidential Data Request is necessary for the Governor to make the determination within the required 10 days.

General Instructions - Print or type. Complete all items applicable to the filing petitioner(s).

How this information will be used – The Governor and the U.S. Department of Labor will use the information contained on the Form ETA 9043 to determine whether the group of workers meet the certification criteria established by law, for eligibility to apply for NAFTA-TAA.

2. COMPANY DATA

Reproduce and complete a form for each individual article produced by affected workers.

Identify articles (products) affected: _____

Unit of measure: _____

Report the firm's data for the last two full years, the most recent year to date, and the comparable period in the previous year. If quantity is used, please provide the unit of measurement.

	_____	200____	JAN thru____ 200____	JAN thru____ 200____
Sales				
Production				
Production Workers Employment				
Salaried Workers Employment				
Total Company Imports of Like or Directly Competitive Products				
Company Imports from Mexico and/or Canada				
Production Shifted to Mexico and/or Canada				

Comments regarding difficulty responding to any of the questions:

3a. SALES TO CUSTOMERS

Reproduce and complete a form for each individual article produced by affected workers.

Identify articles (products)

affected: _____

Unit of

measure: _____

For each impacted article (product), include a list of customers that accounts for the majority of the decline in sales of the article (product) identified.

Report the firm's data for the last two full years, the most recent year to date, and the comparable period in the previous year. If quantity is used, please provide the unit of measurement.

CUSTOMER(S)	_____	200 _____	JAN thru _____ 200 _____	JAN thru _____ 200 _____
Name: _____				
Address: _____				

Contact Person: _____				
Telephone/Fax: _____				
Name: _____				
Address: _____				

Contact Person: _____				
Telephone/Fax: _____				
Name: _____				
Address: _____				

Contact Person: _____				
Telephone/Fax: _____				

Comments regarding difficulty responding to any of the questions:

3b. SALES TO CUSTOMERS

Relevant only if company works on contractual basis. If applicable, list the major projects for which the subject firm submitted unsuccessful bids during the last two years.

FIRM/AGENCY AWARDING BID	PROJECT DESCRIPTION	PROJECT INFORMATION
NAME: _____	PRODUCT: _____	ID#: _____
ADDRESS: _____	_____	AMOUNT OF BID: _____
CONTRACTING AGENT: _____	QUANTITY: _____	DATE OF AWARD: _____
PHONE/FAX: _____	PERIOD OF PERFORMANCE: _____	AWARDEE (IF KNOWN): _____

FIRM/AGENCY AWARDING BID	PROJECT DESCRIPTION	PROJECT INFORMATION
NAME: _____	PRODUCT: _____	ID#: _____
ADDRESS: _____	_____	AMOUNT OF BID: _____
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Comments regarding difficulty responding to any of the questions: